



**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	CAD059498899
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	MARTEX CIRCUITS INC 885 MAUDE AVE MOUNTAIN VIEW, CA 94043
III. LOCATION OF INSTALLATION	885 MAUDE AVE MOUNTAIN VIEW, CA 94043

**FOR OFFICIAL USE ONLY**

COMMENTS																									
C																									
C																									
15	16																					25			
INSTALLATION'S EPA I.D. NUMBER										APPROVED					DATE RECEIVED (yr., mo., & day)										
3																									
F	C	A	D	0	5	9	4	9	8	8	9	9	3	1											
1	2												17	18	19	20	21	22	23	24	25	26	27	28	29

16 JUL 1980

00018

### I. NAME OF INSTALLATION

~~HarTex Circuits Incorporated~~

## II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																									
C																											
3		885 Maude Avenue																								45	
15	16																										
		CITY OR TOWN																				ST.		ZIP CODE			
C																											
4		Mountain View																				CA		91042			
15	16																					40 41 42 43 44		45 46 47 48 49			

### III. LOCATION OF INSTALLATION

C		STREET OR ROUTE NUMBER																							
5		<del>885 Maude Avenue</del>																							
15		16																				45			
C		CITY OR TOWN																		ST.		ZIP CODE			
6		<del>Mountain View</del>																		<del>CA</del>		<del>94042</del>			
15		16																				40		41 42 43	

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																									
C	G	e	r	d	e	s	H	a	r	r	y	V	i	c	e	P	r	e	s	i	d	e	n	t			4	1	5	-	9	4	1	-	5	4	4	5		
2	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8	M a r v i n   H i r a b a y a s h i

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> 37 A. GENERATION	<input type="checkbox"/> 38 B. TRANSPORTATION (complete item VII)
	NO	<input type="checkbox"/> 39 C. TREAT/STORE/DISPOSE	<input type="checkbox"/> 40 D. UNDERGROUND INJECTION

**VII. MODE OF TRANSPORTATION** *(transporters only – enter “X” in the appropriate box(es))*

☐ <sup>61</sup> A. AIR      ☐ <sup>62</sup> B. RAIL      ☐ <sup>63</sup> C. HIGHWAY      ☐ <sup>64</sup> D. WATER      ☐ <sup>65</sup> E. OTHER (specify):

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

<input checked="" type="checkbox"/> <b>A. FIRST NOTIFICATION</b>		<input type="checkbox"/> <b>B. SUBSEQUENT NOTIFICATION</b> <i>(complete item C)</i>		<b>C. INSTALLATION'S EPA I.D. NO.</b>									
C	A	D	O	5	9	4	9	8	8	9	9		

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

5	W	C	A	D	0	5	9	4	9	8	8	9	9	3	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 6 23 - 26	2 F 0 0 7 23 - 26	3 F 0 0 8 23 - 26	4 F 0 0 9 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

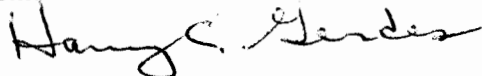
☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

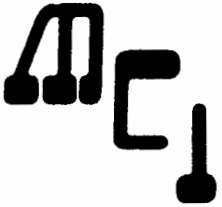


NAME &amp; OFFICIAL TITLE (type or print)

HARRY C. GERDES  
Vice President

DATE SIGNED

July 8, 1980



# MARTEX CIRCUITS INC.

175 SOUTH SAN ANTONIO ROAD, SUITE 212, LOS ALTOS, CA 94022

TELEPHONE (415) 941-2085

July 8, 1980

REFERENCE: EPA I.D. No. CAD059498899

SUBJECT: Identification and Listing of Hazardous Waste

TO: EPA - Region IX  
ATTN: A-3-2  
215 Fremont Street  
San Francisco, CA 94105

This company does not generate in a calendar month, hazardous waste in quantities greater than 1000 kilograms, and therefore I believe we are within the purview of §261.5[a] in regard to notification requirements contained therein.

Sincerely,

HARRY C. GERDES  
Vice President